

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

UNITED STATES DISTRICT COURT

for the

District of

Division

Case No.

(to be filled in by the Clerk's Office)

JEFFREY Roland LeBlanc

Plaintiff(s)

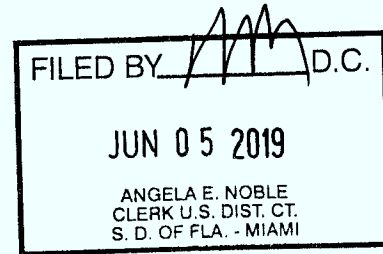
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

PEOPLE OF THE STATE OF MI,
KALAMAZOO CITY, KALAMAZOO
COUNTY, SOCIAL SECURITY Ad-
MINISTRATION, U.S. GOV...

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)



COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name JEFFREY Roland LeBlanc
 Address - Homeless - NO Address
LEBLANC STAR @msn.com
 City State Zip Code
 County _____
 Telephone Number _____
 E-Mail Address _____

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name People of The State of MI
 Job or Title (if known) GOVERNMENT of state of MI
 Address _____
 City State Zip Code
 County _____
 Telephone Number _____
 E-Mail Address (if known) _____
☒ Individual capacity ☐ Official capacity

Defendant No. 2

Name Kalamazoo city Gov.
 Job or Title (if known) Government local city in MI
 Address State of Michigan
 City State Zip Code
 County Kalamazoo county
 Telephone Number _____
 E-Mail Address (if known) _____
☒ Individual capacity ☐ Official capacity

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Defendant No. 3

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Kalamazoo County Gov.
County Gov.201 Kalamazoo Ave
Kalamazoo ME 49009
City State Zip Code

Kalamazoo County

☒ Individual capacity ☐ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

U.S. Gov.
"Western & Eastern Federal Gov
of Michigan"— Federal Gov of Michigan —
Kalamazoo ME 49009
City State Zip Code

Kalamazoo County

☒ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

U.S. Const. Amendments 4th, 5th, 6th and 14th

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

U.S. CONST. AMENDMENTS 4th, 5th, 6th, 8th, and 14th

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

I WAS SUBJECTED TO A UNLAWFUL ARREST 11-28-12 AND A MALICIOUS FELONY PROSECUTIONS FILE NO. 2012-1201-FH AND I AM STILL SUFFERING LOSS BY SOCIAL SECURITY ADMINISTRATION.

- B. What date and approximate time did the events giving rise to your claim(s) occur?

FROM 11-28-12 TO PRESENT, FROM 5-1-13 TO 5-1-18 I WAS UNLAWFULLY IMPRISONED IN THE MICHIGAN STATE PRISON

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

THE ARREST AND WARRANT WAS BASED ON A FRAUDULENT FELONY COMPLAINT, AND THE "FELONY INFORMATION" WAS WITHOUT PROBABLY CAUSE AND WAS BASED UPON A FRAUDULENT FELONY COMPLAINT NOT SUPPORTED BY SWORN TESTIMONY, AND I WAS COMPELLED TO TESTIFY AS A WITNESS AGAINST MYSELF.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I loss everything I own, and was unlawfully imprisoned for 5 years, I was sexually assaulted while imprisoned and my social security was stopped currently, my social security was stopped because they claim a over payment was made, and I again lost everything I own and I am homeless

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I am suing each Defendant
For \$5,000,000,000.00 each.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 6-6-19

Signature of Plaintiff

Printed Name of Plaintiff

Jeffrey Roland LeBlanc

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address